

**FACTORS CAREGIVERS BELIEVE HELPED THEIR PRESCHOOL
CHILDREN TO COPE WITH A PARENT'S DETENTION AND SUBSEQUENT
EVENTS. A STUDY FROM THE WESTERN CAPE.**

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for the degree of Master of Arts in Clinical Psychology.**

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ABSTRACT

Factors caregivers believe helped their preschool children to cope with a parent's detention and subsequent events. A study from the Western Cape.

An exploratory study of factors that caregivers felt helped their child, in preschool at the time of the detention, to cope with a parent's detention was conducted. It is part of a broader study looking at the consequences for these children of the parent's detention. Semi-structured, depth interviews were conducted with the prime caregivers of the child, in 1986 and then a follow-up study was done in 1988. The original sample contained 19 subjects between the ages of two and six years, from a range of contexts. In the follow-up study 13 caregivers were re-interviewed. The research was done in co-operation with community groups who provided the contacts and gave direction.

Caregivers reported a wide range of factors which they felt assisted coping, with varying levels of success. Results are reported in brief before a more detailed discussion is entered into, including case reports. The most commonly cited factor was the availability and use of social support and support structures, which appeared to be extensive in most cases. Family centered coping strategies were reported to be important where they were applied, particularly if the family was able to sit down as a whole and address the problems it faced. Politically centered strategies were also used. The focus in these was on obtaining information on detention so as to make sense of the situation and the use of political

(iii)

structures to give vent to emotions. Other aspects of coping not covered by the above areas include strategies such as keeping a regular routine. As was found in the 1986 study (Skinner and Swartz,L., 1989), security of life following the detention was found to be important in assisting the child to come to terms with the previous stressor.

1. BACKGROUND

This study comes in a time of heightened detentions and general repression by the South African State. Since 1985 there has been an astronomical increase in the number of detentions, particularly over 1985 and 1986. From 1980 to 1984 there were a total of 3260 detentions (Foster, Davis & Sandler, 1987). In 1985 alone there were 1684 detentions in terms of the Internal Security Act, plus another 7996 emergency detentions during the 1985-1986 State of Emergency (Foster et al., 1987). While the total number of detainees has dropped again, according to official figures there were 2986 people detained for 30 days and longer over the period June 11, 1987 to June 10, 1988, remaining well above the pre-1985 figures ("Apartheid Barometer", 1988). At the same time the State is making increasing use of a wide range of other forms of repression including the banning of organisations, physical violence, the creation of vigilante groups, the criminalising of political activity, the creation of 'puppet' structures such as Joint Management Centres and Regional Services Councils (Merrifield, 1987) and the increasing use of restriction orders on detainees once released (Evans, 1989; Human Rights Commission, 1988).

This study forms part of a broader research project to investigate the effects of a parent's detention on their preschool children. Actual fieldwork took place over two periods, in 1986 and a two year follow-up in 1988. The aim of the present study is to ascertain what factors caregivers felt helped their children to cope with the detention of a parent.

For this report some background and motivation for the study will first be provided before a discussion of the theoretical models underpinning the research is done. A review of the research on coping in children, with an emphasis in situations of civil conflict follows. The methodology is then outlined.

A brief reporting of results is carried out. The discussion section will include an extended report on the results and some case material, and will be followed by the conclusion.

1.1 Effects of a parent's detention on children

For a considerable period all studies of the psychological effects of detention focused on the detainees themselves. It is, however, becoming increasingly apparent that the consequences go well beyond that person to affect the entire family and the community (Gibson, 1986).

Studies of the effects of a parent's detention on children conducted internationally include work from Ireland (Frazer, 1974; Lyons, 1979), the Phillipines (Protacio-Marcelino, 1985), Latin America (Allodi, 1980; Bozzolo and Kordon, 1985; Cohn, 1982; Cohn, Holzer, Koch & Severin, 1980; Dario, 1985; Weile, Wingender and Amnesty International Danish Medical Group, 1985), and Palestine (Punamäki, 1987). From South Africa there has been similar work done to show the effects on children (Lab, 1988; Skinner & Swartz, L., 1989, Swartz, S., 1986a).

1.2 A motivation for looking at coping

There is, however, a need to go beyond a straightforward description of results and symptoms. Methods for dealing with the effects of detention have to be found. Work here can go in a number of directions, for example, towards developing therapeutic strategies (Dawes & De Villiers, 1987; Friedman, 1987; Hayes, 1987; Somnier & Genefke, 1986; Straker and the Sanctuaries Treatment Team, 1987) or the provision of services (Petersen & Hansson, 1987; Straker and the Sanctuaries Treatment Team, 1987). Another alternative is to investigate protective and coping measures. This last option was selected as a focus for this study for the following reasons. South Africa is a third world country, and as such it has a shortage of sophisticated services of a curative nature, particularly

in the disadvantaged communities (Bradshaw, Yach & Fellingham, 1988). Problems have become even more severe as a result of apartheid divisions (Buch, 1987; De Beer, 1984). Services are particularly a problem in the rural areas as people have to travel long distances to get help. Private services are also too expensive for many people to be able to use them (Community Health Research Project, 1983). South Africa is also involved in a civil war, so many of the hospitals and associated services are felt to be unsafe. These feelings draw on a concrete level of experience as hospitals are used to treat victims of torture while they are still detained and allegedly to cover up for the effects of the torture (Birnstingl et al, 1986). People have also been detained from hospital (Bloem, 1985; Mji, 1986). The sense of "unsafeness" also exists at the level that these services are provided by a government to which the potential users are opposed.

Coping has the potential to be an important part of the overall health services, alongside therapeutic strategies, as coping can operate as a preventative measure. By assisting the person to cope with initial stress the possible negative effects that could arise may be reduced. The concepts behind coping and the process of implementation are also often less sophisticated and thus easier to understand than service orientated measures. This allows coping to be more easily taught and understood, so facilitating the use of factors that facilitate coping on a wide scale via education forums. For example, a family can be educated around the principle and process of implementation of one or another set of coping strategies in a workshop or from a booklet. Finally, coping factors can be implemented outside of the State controlled health system.

This is only the first stage of the research process into coping. Factors identified here will need to be studied empirically in outcome studies.

Internationally, there is also a movement in the direction of studying coping, even in first world countries, with the rise of community based health care systems (Kenkel, 1986; Ramon, 1986).

2. THEORETICAL MODELS

In order to develop an understanding of the factors influencing coping, some knowledge of the theoretical models by which we understand coping, is required. For this research models of stress, coping and social supports need to be examined before the information relating to coping in children can be reviewed. Full reviews of the areas are beyond the scope of this thesis, so only a brief overview of each will be provided. Directions to fuller reviews and explanations are provided in the text.

2.1. Stress

A range of models exist for explaining the role and operations of stress. The most common is probably the direct cause and effect model. An example of this would be the change hypothesis developed by Holmes and Rahe (1967). Other approaches take more intrapsychic factors into account be they from a behavioural, psychodynamic or cognitive basis. Critiques of all these models have been raised. They have been argued to include problems such as a decontextualisation of stressors, an assumed universality of response, the individualisation of stressors, the naturalisation of responses and the reification of the theories (Gibson, 1986).

For the purpose of this research a more interactive model of stress and its effects is required. Gibson (1986) and Turton (1986) have outlined similar alternative models of stress and its effects. These allow for stressors to be situated within a

context and for the effects to be adapted by that context. In adapting the stressors contextual factors operate on a range of different levels, from the social and economic structures of society to the interpersonal factors, in terms of the manner in which they impact on the person and the nature of the results. Gibson's multi-level model allows for examination of the different aspects and the ways in which these factors listed above interact so as to modify consequences.

2.2. Coping

Coping is used broadly in this discussion to cover all factors that may assist a child when faced with the stressor of a parent's detention. For the purposes of this paper, coping will be divided into two aspects: namely coping strategies and social supports, each of which will be dealt with separately in the following brief discussion.

2.2.1 Coping strategies

These obtain their definition from their relationship to stress, namely as those "efforts, both action-orientated and intrapsychic to manage (that is, master, tolerate, reduce, minimise) environmental and internal demands and conflicts among them, which tax or exceed a person's resources" (Cohen, F. & Lazarus, 1979, p. 219). So in a similar fashion to stressors, coping strategies can be seen to operate on a range of levels.

Over recent years there has been an upsurge in interest in the area of coping. While much of the work has concerned coping in adults, the models do have a relevance for children. Some of the dominant models will be introduced before the research relating specifically to children is examined.

A number of models have been developed in an attempt to explain the coping process. These include Taylor's theory of cognitive adaptation (1983), Rotter's formulation of an

internal versus an external locus of control (Krause & Stryker, 1984; Folkman, 1984) and A.Antonovsky's salutogenic approach to stress finding its form in the model of a Sense of Coherence (Antonovsky, A., 1987; Antonovsky, H., & Sagy, 1986). A.Antonovsky claims to have incorporated the major part of Rotter's thesis into one of the components of his model (Antonovsky, A., 1987). The sense of coherence is explained as a "generalised emotional-cognitive perception on the part of the individual of the stimuli bombarding him, as they are, to a greater or lesser extent, controlled by him. The stimuli are seen as comprehensible, manageable and meaningful" (Ibid, p.155). The dominant theme throughout the models is a need for the individual to feel sufficiently in control so as not to be threatened by the stressor.

Other researchers have operationalised the coping process further. Of particular significance is the separation of coping strategies into three foci, namely: (a) appraisal-focused coping - efforts to define and redefine the personal meaning of a situation; (b) problem-focused coping - responses that seek to modify or eliminate the source of stress by dealing with the reality of the situation; and (c) emotion focused coping - responses that control stressor-related emotions and attempt to maintain affective equilibrium (Billings & Moos, 1984). F.Cohen (1987) goes a step further to draw out five modes of coping, namely information seeking, direction action, inhibition of action, intrapsychic processes, and turning to others for support. These categories, drawn from established coping scales, allow for the various strategies to be separated in terms of their roles and methods of operation. Lazarus (1987) raises the problem of individual differences which he attempts to explain by introducing the two concepts of individual susceptibility and resistance. These are used to explain which aspects of functioning make people more or less vulnerable to a particular stressor.

2.2.2 Social support

Social support is connected with and considered to be a part of the coping process for stress, but has developed as an area on its own, and therefore will be dealt with separately. A common sense belief system has developed around social support - that it is automatically assumed to be useful. Problems remain, however, as the nature and extent of this help needs to be ascertained and the process by which the effect is felt needs to be noted.

Two dominant models exist for the explanation of social support, namely the main effects model and the stress-buffering model (Cohen, S., 1988; Payne & Jones, 1987). The main differences between the two is that the main effect model sees support operating at all times whereas the buffering hypothesis sees support as having a function only at times of stress. The dominant sense now is that both are likely to apply, i.e. that social support is important at all times but attains a particular importance in periods of stress (Payne & Jones, 1987). S.Cohen (1988) operationalises the two models by breaking them down into four factors through which the effects of social support may be felt, i.e. by providing information of use, by defending the person's identity and self-esteem, positive social influence and the provision of tangible resources.

The other important distinction of which to be aware in examining social support is that between measuring the size of a person's social network on the one hand and the person's perceptions of their social supports on the other (Procidano & Heller, 1983; Rowlinson & Felner, 1988). In studies where both have been researched, they were found to influence different aspects of a person's reaction to stressors (Shisana & Celentano, 1987).

3. RESEARCH ON COPING IN CHILDREN

Research on coping among children is less developed than similar work with adults. There have, however, been a number of studies which have touched on factors influencing coping which have been effective within the situation being researched.

3.1. Rutter's model

Before beginning a review of some of the literature in this area, it will be useful to outline a model developed by Rutter (1985). This proposes a structure for understanding how children develop resilience in the face of adversity. In this Rutter (1985) discusses the two components: protective factors and interactive processes, each of which will be very briefly discussed in turn.

3.1.1. Protective factors

Protective factors do not constitute a pleasurable experience in the ordinary sense of the word. They can be experiences that steel a person against future negative experiences or sensitise her/him to danger signals. They do not have to be an experience at all but can be constitutional, a personality trait, or a characteristic of social status. Finally, they do not necessarily have a beneficial effect in their own right, but only when seen in interactions with a stressor.

Rutter (1985) lists the following as some of the factors that have been shown empirically to provide protection: age, sex, temperament, prior experience, the security of the child within relationships with both parents and significant others, good parental relations and parents with adequate parenting skills.

3.1.2. Interactive factors

Interactive factors and/or coping strategies come into play only after the stressor has occurred. These are behaviours on the part of the children or their parents that may diminish the negative consequences of the stressor for the child.

Some of the factors include subsequent patterns of parent-child relations, social supports, a lack of obvious anxiety on the part of the caregivers, the presence of a parent, and good care after the event.

3.2. Other general reviews

In another review of the literature, Garmezy (1983) emphasised that resilience has a more significant contribution than most people give credit for. He isolated as important aids to resilience the following factors: (a) various demographic variables such as social class; (b) personality; (c) the family milieu; (d) external supports and (e) the quality of the parents' relationship. Lyons (1971) also found that children often showed themselves to be more flexible and adaptive under situations of acute stress, providing that they felt reasonably secure at home with their parents.

3.3. Coping in situations of civil conflict

Research in the area of war, civil violence and detention has led to the identification of a number of coping methods and protective factors. Poster (1983) and Garmezy and Rutter (1985) emphasise the usefulness of stress immunization as an aid to protection. Poster uses the method of desensitization and illustrates it using a method of desensitizing a child to a hospital environment. While much of this program of desensitisation by exposure proposed by Poster is inappropriate to detention, the concept remains important. An alternative suggested by Garmezy and Rutter is via explanations prior to the event so that the child and family have an idea of what may happen and are better prepared for it

when it does. More intelligent children or children with a greater ability to understand will have an advantages as well (Gibson, 1986). Direct involvement in the civil strife can be a protection as against being on the periphery. Frazer (1971) found that children in the areas of high civil strife in Northern Ireland fared better than children in neighbouring suburbs. In all of these cases, the child is able to attach meaning and context to the event and it is no longer something frightening in fantasy.

Obtaining meaning is also important as a coping strategy. Researchers from Latin America (Bozzolo & Kordon, 1985; Di Lonardo, Darlu, Baur, Orrego & King, (1984) and those examining the effects of war (Baider & Rosenfeld, 1974) emphasise the importance of being honest with the child even if the explanation may seem very traumatic. Allodi (1980) and Baider & Rosenfeld (1974) argue in favour of accurate and political explanations being given. This seems to have been important particularly in Latin America where, very often, the governments tried to cover up their atrocities. In a similar vein, participation in follow up activities assist the child in obtaining meaning, e.g. participating in the ongoing process of resistance to the State that detained or killed the child's parent (Bozzolo and Kordon, 1985; Dario, 1985).

S.Swartz (1985) emphasises the importance of allowing the child freedom to express feelings and to give a structured space for catharsis to take place. Within this the child's feelings need to be accepted and taken as real and important (Swartz,S., 1986b).

Berg (1988), in the related situation of a parent dying, found that it was important that the event be demystified for the child rather than allowing the child's fantasy to create potentially worse alternatives e.g. of abandonment. Berg also found it important for the child to participate in the follow-

up activities, such as helping in the preparation of a parent's funeral, and that the child be given the freedom to express feelings.

A final area of importance is having a sense of security after the event (Garmezy & Rutter, 1985). Within this broader area children will generally feel more secure if kept with their families (Kinzie, Sack, Angell, Manson & Ruth, 1986; Sack, Angell, Kinzie & Ruth, 1986), and any treatment attempted should be family centered (Protacio-Marcelino, 1985). Where possible routines should be kept constant as this aids the child to feel the future is predictable and secure (Allodi, 1980). An additional source of potential support is school, particularly if there are sympathetic teachers who can assist the child in a period where peer relations may be difficult (Sack et al., 1985). The child may often not be worried about the situation around them unless their parents are worried. If parents do get anxious, children can often pick this up and the sense of anxiety is passed on, as the child feels more insecure (Baider & Rosenfeld, 1974; Gibson, 1986; Lyons, 1971; Ziv, Kruglanski & Shulman, 1974).

This study hopes to build on the above findings and to develop hypotheses for further testing. It will also provide information on the South African situation.

4. METHODOLOGY

Information used in this paper is based on two research studies. The first was conducted in 1986 and the second, a two year follow-up, done in 1988. A greater emphasis will be placed on the second study, as the caregivers' reports of factors that assisted coping were specifically sought on this occasion. It should be noted that this paper reports on only a part of a much broader study. As this paper draws on material

from the 1986 study (Skinner & Swartz, L., 1989) parts of the methodology section will be drawn directly from that paper.

4.1. Subjects

In the first study, information on a total of 19 children, between the ages of two and six, was collected over 16 interviews. In three cases, the family had two children within this age range. The primary caregiver over this period, usually the mother, was interviewed in an effort to glean retrospectively her report on the childrens' behaviour at the time of the detention of the parent, as well as subsequently.

Subjects were obtained via contacting people working in community organizations. Due to problems related to doing research of this nature in South Africa, particularly during a declared state of emergency, it was not possible to obtain a random sample of children. The final sample contained 2 white, 11 'coloured' and 6 black subjects.¹ Children about whom the mothers or other primary caregivers were interviewed had had at least one of their parents detained either during the 1985/86 State of Emergency or in terms of Section 29 of the Internal Security Act. All detentions had taken place within a year prior to the interview.

In the follow up study attempts were made to recontact the families. Twelve families were interviewed, covering a total of 13 subjects. One family had to leave the country as a result of heightened police repression and so was lost to follow up. Two families, including four subjects, had moved home and were uncontactable. The remaining family was 'on the

¹ These classifications were made according to the Governmental regulations of race classification as per The Population Registration Act No. 30 of 1950 as amended 1956 to 1986.

run'² at the time of the follow up study and did not want to be interviewed.

4.2. Measures

In the first study, a checklist was created in two sections: one section covered the possible likely range of behaviour changes noted in the children following the detention of the parent, while the second provided both demographic and contextual information. Items were drawn from the previously cited literature on the effects of civil violence and detention on children, and from the personal experiences of the researcher and members of the community organisations.

For the second study, a revised checklist was drawn up. Additions were made to cover problems the child might be experiencing at school as a number had since begun school, and to cover for any intermediate events that may have occurred, e.g. moving house or a parent's redetention. A short checklist of coping strategies and protective factors as described in the literature cited above was also drawn up.

4.3. Procedure

For the first study, semi-structured depth interviews lasting between thirty minutes and an hour were conducted by the researcher. Prior to the interview, the nature and purpose of the research was carefully described to the respondents. In some cases, prior to the interview proper, it was necessary to have an entire visit during which the researcher discussed his research and established his credibility, including an explanation of how he had obtained respondent's names. For the

² This term refers to people who were attempting to avoid being caught by the police, as they feared they would be detained. Being on the run involves amongst other things not being able to live at home, changing the place where you stay on a regular basis and can mean being cut off from friends and not being able to work.

particular group being researched, professional credibility is not enough and political credibility also needs to be established. (Straker & the Sancturies Treatment Team, 1987). This credibility, once established, tended to improve rapport but, nevertheless, the interview was conducted only if the interviewee felt secure about providing this personal information. Confidentiality was stressed at all times, and no respondent refused to be interviewed. Permission to tape record interviews was requested. In one case this request was refused because the interviewee felt self-conscious not about the events that had transpired, but rather about her command of English. In this case detailed notes were taken. Interviews were conducted at places (usually in interviewee's homes), and times convenient to them.

The caregiver was given space to talk freely, with the interviewer making sure along the way that all areas covered by the checklists were discussed. This procedure contributed to an informal interview without rapid firing of questions. The maximum time of two hours over two visits in some cases (one to establish credibility, one to conduct the interview proper) proved sufficient for the limited aims of the study. Numerous repeat visits could have proved dangerous for the respondents as many were being monitored by security personnel.

The time available for data collection was limited, and access to respondents extremely difficult and time-consuming, so it was decided to interview as many caregivers of children of detainees as possible, and not to use further time in the process of trying to find suitably matched controls. A control group would have presented further problems in terms of contacts and availability given the high prevalence of detentions particularly amongst political activists.

In the second study, attempts were made to recontact all the families. Contact was made either by telephone or by a visit. The researcher began by identifying himself and ascertaining whether the person remembered who he was. Once this was achieved, a brief explanation was provided of the reason for contact and an appointment time was established. On some occasions it took three or four contacts to set up a time to do the research.

Before beginning the interview, the purpose of the research was explained. The interviewees were informed as to what had happened with the previous research, particularly how the information had been used for the benefit of community structuring. Each family was given a copy of a newspaper article (Levy, 1986) which had reported on the study and a Repression and Stress manual, a community education booklet looking at the effects of repression and stress on social and behavioural functioning (Detention Treatment Team and Organisation for Appropriate Social Services in South Africa, 1987).

Once again, interviews were taped and the interview was begun only once the person felt comfortable to begin. In one case the person requested not to be taped and in this case detailed notes were taken. The reason given for this request was that the family was again under increased threat from the security police and had a general high level of anxiety.

The interviews were loosely structured, allowing the interviewee considerable space for talking. Interviews lasted for between 20 minutes and 3 hours. A general pattern followed was to talk first about the intervening period between the two interviews. Problems that the child had at present or at various stages during the intervening period were then discussed, as well as how they had been dealt with. Finally,

factors the caregiver felt had helped the child to cope were discussed.

5. RESULTS

As was indicated in the methodology section this is part of a larger research study. The broader project covers the effects of a parent's detention on the pre-school child and an analysis of elements of their fantasy life. Only the data on the factors affecting coping will be reported³ unless it is relevant within the discussion on these factors to report on effects and on the fantasy life.

One problem in the recording and reporting of results, particularly for the second study, was a tendency on the part of caregivers to see the child as perfect prior to the detention.

5.1. Demographic and environmental variables

The following tables show the distribution of the children and their families in terms of some of the demographic variables, firstly age (Table 1):

TABLE 1: Ages of the children

	2	3	4	5	6	7	8	9
1st study n=19	1	5	2	8	3			
2nd study n=13			1	3	2	5	1	1 ⁴

³ For full report, see Skinner and Swartz L, 1989

⁴ In some cases the follow-up period was longer than 2 years. In this case the girl was closer to her ninth birthday at the time of the interview.

Secondly, the distribution of the families across social classes (Table 2):

TABLE 2: Social class of the family

	Working Class ⁵	Petit Bourgeois ⁶
1st study n=19	6	13
2nd study n=13	3	10

Table 3 shows the distribution of children in terms of racial classification:

TABLE 3: Shows the distribution of children in terms of racial classification of the child

	White	Coloured	Black
1st study n=19	2	11	6
2nd study n=13	2	8	3

Table 4 gives the division of the children on the basis of gender:

TABLE 4: Gender of the child

	Male	Female
1st study n=19	12	7
2nd study n=13	8	5

Out of the full sample of 19 children, in 17 of the cases it was the father who had been detained and in 2 the mother. For

⁵ The breadwinner is an unskilled or semiskilled labourer.

⁶ The breadwinner is a skilled worker, a white collar worker or a professional.

15 of the subjects the detainee played an important role in care giving and in 3 of these played an equal role.

The different periods of time the child's parent spent in detention are outlined in Table 5.

TABLE 5: Detention periods of the child's parent (measured in days)

<u>4</u>	<u>12-17</u>	<u>34-43</u>	<u>65-85</u>	<u>91-99</u>	<u>188</u>
1	7	3	2	4	2

(after Skinner & Swartz, L., 1989)

The parents of 4 subjects who had not yet been released had already been in detention for between 91 and 99 days, at the time of the interview. In 74% of cases in the original sample there was a regular or constant presence of security forces near their homes and in 40% of cases the family had experienced some harrassment. Three children have themselves been questioned by the police.

Six of the children were able to visit the detainee but only in 2 cases were contact visits allowed.

Care givers felt that they were generally controlled in front of the children, although they often felt anxious. At the time of the first study, seven admitted to breaking down occasionally. Similarly in the follow-up study most claimed to keep calm in front of the children, but a number made sure that they had opportunities at other times to break down and release emotions. One mother had to take a week's holiday away from the children as she felt that she was beginning to experience problems in coping.

Table 6 covers the different processes by which the parent was detained:

TABLE 6: Occurrences of different processes of detention n=19

	<u>n</u>	<u>%</u>
1. At home during afternoon or evening, small group of police arrived, generally courteous	2	11
2. Early in morning so people woken up, small group of police, generally courteous	4	21
3. Early in morning, a large group and used a show of force	4	21
4. Early in morning, a large group, show of force, threatened family	4	21
5. Early in morning, a large group, show of force, threats to life and of physical harm made to detainee and family at gunpoint	4	21
6. Early in morning, a large group, show of force, threats to life and of physical harm made to detainee and family at gunpoint, detainee beaten	1	5

(Skinner & Swartz, L., 1989, p. 248)

In nine cases the daily routine of the child was changed to a significant extent and in four cases these were large, including the remaining caregiver having to go out to work or a change in the place of residence.

In the first study, security of life subsequent to the detention was found to be important (Skinner & Swartz, L., 1989). Of the 19 subjects, only one child's parents had not been subsequently harrassed. Three were experiencing constant harrassment, seven had had to go on the run as a result of the harrassment and fear of redetention and two had been redetained.

Of the 13 subjects involved in the second study, four of their parents have been subsequently charged with a political offence and been sent to jail without ever returning home. Of the remaining nine, two subjects' parents had been redetained and four had had to go on the run. Of the nine cases, in six the families have faced consistent and threatening harassment such as bullets being fired through their windows, being dismissed from their jobs and having their houses raided and items confiscated. Two experienced lighter forms of harassment. Other major stressors that also occurred were moving home in four cases, a younger sibling being born in two and one child's elder sibling died in a road accident.

5.2. Factors that caregivers report affected coping and/or adjustment

Only a brief summary of reported factors will be provided here. A fuller discussion will be entered into in the following section.

A total of 94 different coping strategies or support structures were given by the families, as options that had helped. Some of the approaches were reported to have worked, others had no effect while a few were actually counter productive. My clinical impressions of the effectivity of the different factors will be outlined in the discussion section. The extent to which some were applied varied between one subject and 17 subjects (see Table 7 for a list of all strategies used more than once).

TABLE 7: Factors present on more than one occasion that families used to be able to cope

<u>Supports</u>	<u>Family centered strategies</u>
Extended family	Family doing things together
Friends	going out socially
Community Organisations	on hikes
	on holiday
Service Organisations	Caregivers controlled anxiety
Detainees Parents Support Committee (DPSC)	Care givers and child spending time together
Crisis Centre	Care giver withdrew from other activities
Dependent's Conference	Tried to face stressors/problems head on together
Detainees Treatment Team (DTT)	Takes decisions with kids as focus
Organisation for Appropriate Social Services in South Africa (OASSSA)	Parents have space to talk through issues
Family relationships good	Siblings helped
Children have friends whose parents were detained	Parents made sure there was always someone at home with children
Positive role model outside of family	Kept a regular constant routine
Religion	Detainee adapted back easily
Parents in therapy	Detainee had good relationship with child prior to detention
<u>Politically Centred Strategies</u>	Family used to do a lot of things together
Politically aware/exposed to politics	
Child was allowed to listen in on and participate in political discussions	<u>Other Coping Strategies</u>
Child has political understanding of detention	Organised contact visit
Detention reconstructed as a positive event/ordinary life event/or as a part of the struggle	Have moved out of area where family used to live
Took part in political activities	Parents took time to get themselves organised
Children were able to express anger at police	answering the door
Space to talk about detention	Special school
Space to allow fantasy material to appear	
Developed escape plans	
Played games representing the detention situation or repression	

The most common factor was the support provided. This came from family, friends, the community in which the subjects lived, their political organisations and service organisations. From the first study it appeared that everybody had at least one support structure with some people receiving support from a broad range of sources. Most commonly used were friends and family, in 16 cases each, and political organisations in 15 cases. Service organisations, with the exception of DPSC, were not well used. Religion and the church is an important structure for support for more than half of the families, in terms of providing a meaning for the situation, a hope and faith in the future and a social base.

Over the intervening period between the two studies there was a drop in the levels of support provided. While this was not too serious a problem for some parents, others who still had family members in prison found life increasingly difficult to cope with. At the same time, there was a drop-off in the use of religion and the use of the church as a support. This seemed to be partly related to the fact that the local church communities are no longer sufficiently politically conscious and active for the relevant families.

Another important strategy involved the use of politics to explain and understand the event, and as a medium through which to express emotion. A wide range of strategies within this broad ambit was used (see Table 7). In the first studies among the more common of these strategies were exposing the child to politics in 13 cases, explaining the detention in political terms in 12 cases and encouraging the child to express anger at the police in nearly half the cases. These strategies increased over time and became more prevalent in the follow-up study.

The sense of the family and the home being central, safe and ordered was found by caregivers to be important. This practice also increased over the two year interval between the studies. Among the more important strategies here include keeping a regular routine in 12 cases, the mother and child spending more time together in nine cases and an increase in structured activity for the whole family in six cases.

Unfortunately, some of the protective factors were not accurately measured, particularly intelligence and temperament. The children were too young to get an adequate measure of intellectual ability from their school performance and it was not appropriate in the context to do psychometric evaluations. Caregivers were asked about the child's temperament, but once again the validity was uncertain as it was felt on occasions that parents were trying to picture their child as perfect before the detention. A problem of recall also existed in some families as they were being asked to remember things four to nine years previously and distinguish the behaviour of one child among a number of others.

5.3. Clinical impressions of the family situation during the follow-up interviews

Anxiety levels were often high in the families interviewed, which is understandable given the levels of repression they had experienced. There was a particular sense of anxiety as the October 1988 municipal elections⁷ were due within two to four months of most of the interviews taking place. Fears existed that there would be a major crackdown on progressive organisations and mass detentions. High levels of anger at

⁷ These were elections for local municipalities. Many of the progressive organisations supported a campaign calling on people to stay away from the polls so as to negate the legitimacy of the municipal councils. As a result many of the activists were expecting the State to respond with heavy repression and mass detentions.

police and the State were common, particularly in cases where the repression had been heaviest. Some sense of despair was found in two families where the detained person had still not been released and support structures had grown weaker. In a number of the families there was a strong need to talk and to release emotions.

6. CASE STUDIES AND DISCUSSION

Given the descriptive nature of the study, a discussion in the traditional sense will not be used. This section aims rather to explore more fully the material relating to what factors the caregiver felt helped the child to cope and linking this with the theoretical material where possible. Case studies will be used where appropriate. It is divided into sections within which the various stressors and factors can be grouped.

6.1. Security of life following detention

Security of life following the detainee's release seems to be the major factor in determining the reported rate of fall off of the negative effects of the parents detention. These effects are more serious if the family is unable to mobilise adequate coping mechanisms. The first study drew upon this as one of its conclusions (Skinner & Swartz, L., 1989) and it is borne out in the follow-up study. The major factors affecting the family security appear to be the continued harrassment of the family, threats of or the actual redetention of a family member. The situation is worsened if parents became very anxious or if members of the family have to go on the run. If the child remains at home while the detainee is on the run, and has to witness every time the security police come to look for that parent, a short period in which the effects are heightened follows.

Many of these factors are indicated in the case study of Chantal⁸, aged nine at the time of the follow-up study. She had not shown many problems over the period of the detention and those that had appeared resolved rapidly following the detainee's release. For the whole of 1987 the previously detained father, a teacher, had been studying and for the first four months of 1988 had had to undergo three non-serious operations and so remained at home. Over this time he had been out of high profile political work. He returned to teaching in May of 1988 and began to take on high profile tasks of speaking at meetings. At that point his and his spouse's fear of his redetention rose, particularly with the 1988 October elections in the near future. At that point Chantal began to show a number of problems clearly related to a fear of her father's redetention including attention seeking behaviour, fear that the father could be hurt or disappear. When he went out, she would worry and ask about him. She also had trouble falling asleep and began talking in her sleep.

Another important example is the case of Nasieg, aged seven at the time of the follow-up study, whose father had to go on the run soon after release, as he received detention and death threats. Initially the whole family went 'on the run' together, but this became difficult so the remainder of the family returned home while the father remained on the run. At this point the child, who had shown only an average response to the detention, deteriorated considerably. Previous problem areas as well as fears and phobias were heightened and the child began to walk and talk in his sleep. Most of the reactions centred around a fear that the father would be detained again or hurt and that he, the child, was not in a position to control this. Many of these problems receded once more when the family was united.

⁸ In order to facilitate the reading of this document, pseudonyms will be used to refer to each case study.

In the intervening period between the two studies, he has had to move house with his parents three times in a year and a half before returning to their own home, which had in the interim been vandalised by tenants. They had been unable to return earlier as they were scared that the house was marked. The father, who had been detained, was still fearful of redetention as the police had become interested in his activities again. They had also experienced financial problems as his mother had been blacklisted from getting a job by her previous manager and the father, who was a self employed carpenter, had lost a lot of his tools. In addition, his mother was depressed and father was anxious. There was also some conflict between them.

Nasieg's problems worsened over time including the development of serious separation anxiety to the point of school refusal at times in the first half of Sub A. He had also shown generalised anxiety, insecurity and difficulty in relating to friends. Sleeping problems included waking up in the middle of the night, sleep talking and sleep walking. The last symptom reached a point where they had to lock the front door and take the key out as he had walked across the road in his sleep. He had become tearful, over-sensitive, moody, withdrawn, irritable and was throwing tantrums. His mother was finding him to be disobedient and difficult to manage. A number of physical problems, including sinusitis, stomach pains, fevers and headaches, have become prominent. He began wetting his bed at night and using babylike behaviour. This improved slightly when they moved home but the family has so far been unable to adapt to the stressors and many of the problems remain.

The four children whose parents are still interned constitute a particular group and are in general more badly affected than the others. In all their cases the caregivers reported that it is far more difficult to cope with the stressors as their households are no longer whole. Over time, support structures

for them have also begun to break down which renders them feeling even more isolated. It becomes extremely tiring for the single parents to cope on their own. It is interesting and of probable importance to note that the one child whose remaining caregiver is politically involved is reported to have coped best. This is likely to be a result both of the fact that the political involvement provides the family with an understanding and an outlet for emotions, and it allows for that family to receive increased support from politically orientated support structures. In the other cases the families have tended to become more isolated.

At this point it is useful to look more closely at a number of the factors which families reported affected coping. This will be done according to the categories already established in Table 6, namely social supports, family centered coping strategies, politically centered coping strategies and other.

6.2. Social supports

This study looks at perceived social supports and those which the caregiver reported were actually used. It should therefore provide an evaluation of the extent to which each family felt itself to be supported.

From the cases investigated it appeared that support was extensive. Some families reported experiencing support from all sides, including extended family, friends, community, their own political organisations and the political services organisations. Support also ranged across the areas considered theoretically to be of relevance. These include informational supports, which were particularly important where families did not understand what had happened. Organisations such as Detainees Parents Support Committee (DPSC), the crisis centre⁹ as well as other service and political organisations were able

⁹ These were progressive organisations set up to help families of detainees.

to assist by explaining what the detention meant, how to make contact with the security police, how to organise visits, and how to get parcels of clothing to the detainee. Material support was provided by groups such as the Dependants' Conference¹⁰, as well as other support structures and individuals. While these were unlikely to replace the financial losses incurred by the detention, often of the major breadwinner, they did not keep the family going. Likewise, the self esteem, social influence and emotional release needs were provided for to varying degrees.

This was sufficient to carry many families, whose internal structures appeared at times to be under severe stress and threatening to collapse had this support not been provided. This quality of the supported reported to be given gives some truth to the popular notion of the families of detainees becoming heroes, and that there is a cohesion within oppressed communities against the common enemy of the State.

Unfortunately there were apparent problems with the support structures as well. In the case of one family where the father had still not been released at the time of the follow-up interview, the mother appeared to the researcher to have become dependent on these structures. She used others to take over her roles which further undermined her sense of self competence and made her increasingly depressed.

More serious problems seemed to exist where the structures had ceased to function and the person was left without support. One particular case where this happened concerned a family where one parent was still in detention. The remaining caregiver was a nurse and bringing in a regular income. She therefore did not qualify for financial support, which she

¹⁰ Dependants' Conference is a church based body in Cape Town which provides assistance for families of detainees and political prisoners.

nevertheless felt she needed. As her husband was in detention she felt uncomfortable going out alone socially. She also felt isolated from her community. She reported that they kept their distance as she was a professional and this made them uncomfortable. There was also no family support within Cape Town. She was feeling increasingly stressed at having to maintain the family and the home by herself "without a man around the house to help with repairs and for protection". In this situation the loss of support was not only the loss of a buffer but the loneliness and helplessness was a stressor in itself (cf. Payne & Jones, 1987). From her perspective there had previously been a solid support structure for her, but once her husband was sentenced, with the trial over, the support structures gradually began to fall away.

Caregivers also saw role models outside the family, in these cases mostly teachers, as important supports for children. They were often able to provide balanced support while a child's parents were under stress, as well as added stimulation.

Children who had friends with a parent in detention seemed able to find support in each other. This was not necessarily through talking, but it appears from parents' reports that it was more a result of feeling comfortable in a situation in which everybody had similar problems.

A broad range of professional helpers were used including doctors, psychologists, psychiatrists, social workers and homeopaths. Sometimes these served simply to assure caregivers that the child's apparently abnormal behaviour was actually normal given the circumstances. In all three cases in which parents went to psychotherapy, they found it helped them in coming to terms with the situation, controlling their anxiety and managing the child. In two cases parents made use of a special school, e.g. religious classes after normal school, to

deal with a behaviour problem. These were not reported as being successful until the family made adjustments within its own structures as well.

There was a generally low usage of service organisations with the exception of DPSC which was frequently used. DPSC used a method by which families of detainees meet to discuss their problems, provide each other with support and try to generate solutions. This may have covered most of the potential needs which would otherwise have required contacting specific service organisations. In some cases lawyers or the parents' political organisation also provided support services.

6.3. Family centered coping strategies

Family reaction is possibly the most central component in assisting the child to cope. The family was reported in most cases to be the prime support mechanism for the child so if (s)he feels that the family is holding itself together then the child is likely to be able to cope far better.

Approaches reported to be successfully used by families drew on both problem focussed and emotion focussed coping strategies (cf. Billings & Moos, 1984). This is best illustrated via a case study of Colin, aged eight at the time of the follow-up study. He has faced particularly severe stressors over the last year with both his parents and his sister being threatened with detention. In fact, his home has been raided on four occasions by the security police looking for his sister. On one occasion he was taken off separately to another room by the police and questioned. There have also been instances of police surveillance of the house and they believe their telephone is tapped. However, he has few reported effects, mainly some attention seeking behaviour, an inclination at times to want to be treated like a baby, and teases his brother who is two years older than him. He does,

however, have a strong anger and dislike for the police, sees them as the enemy and spends time developing methods to get back at them and defend his family.

In response to the stressors the family has called family meetings in which the situation is discussed, with each member being able to contribute and solutions sought. They have tried to allow things to be talked through rather than kept cooped up, and when necessary have called in outside help, for example, OASSSA for counselling. For Colin, he has an understanding of what is happening and gets support. The family puts a lot of emphasis on doing things together, such as going on walks or camping.

In the above instance it seems clear that both the problems in terms of the family system and emotional issues are addressed. Stressors were faced and dealt with as far as the situation allowed for it. In the family above the child had not yet shown major problems and any potential problems were averted and stressors were dealt with as far as the situation allowed for it.

Other situations occurred where the child had already developed the problematic behaviours. In these cases some families tried to take decisions with the child as a focus. Once again this was within the restrictions provided by the circumstances. A case study of Julia, aged five at the time of the follow-up study, illustrates such an approach.

The family had faced enormous stressors over the period between the first and second interviews, including a brief redetention, further threats of detention, confiscation by the security police of research materials, as well as additional harassment such as regular raids by the police, car tyres being let down and receiving strange phone calls. At this point the family had to go on the run for about four months.

Julia also lost a teacher whom she liked. She became very withdrawn and shy, whereas previously she had been confident and outgoing. She also became overdependent, became very anxious if both parents went out and left her alone, became oversensitive, insecure, had nightmares and developed severe asthma, particularly around acute stressors. In response the parents sat down and evaluated their situations, looking especially at stressors they could change and separating them from those they could not. Among the changes included the mother spending more time at home. They also moved home, from their communal house in an area of high political conflict, to a family home in a neighbourhood where the police presence was lower. The parents also changed her school to one which they felt would allow her more space to work through these emotional problems. The parents feel that the changes gave Julia the stability to begin to feel secure, and that the problems began to fall away. A new teacher at school was able to build on this sense of security and assist her to explore her potential. She responded well to this attention and developed enormously. In this case the family reports to have been able to separate the problems out, look at each rationally and decide on the best approach, using the child as a focus in the decision. Similar techniques were used at later stages when the family faced further stressors. The major strategy here was to use whichever resources were available to try to create as much stability as possible.

A number of families reported that they found it useful to take part in activities together as a family. Examples included going out as a family every Friday night, or another redeveloped a tradition of going hiking once a month. Holidays as a family were used as 'time outs' where everybody could get away from the immediate stressors and so were seen as particularly important. Holidays also seemed to reconnect relationships strained by tension or broken by periods of detention or by a person being on the run.

Similarly, to a number of families it appeared important that the mother and child spent more time together, particularly where the child had fantasies of abandonment. One case example concerned a child who began stealing money from his mother. The child had had a very negative response to the original detention and for much of the period since his father's release both parents had been working long hours and not spending much time at home. A number of other strategies were attempted to get around the problem but none worked until the mother began to take time off in the afternoon. At this point the stealing and many other problematic behaviours stopped or decreased.

Another case in which this seemed important concerned Thabo, a boy aged seven at the time of the follow-up interview. His mother had spent most of the period between the first detention and the second interview in detention or on the run. Initially his elder brother helped him cope, but he was killed in a car accident about a year before the interview. Since then Thabo is reported to have developed pronounced fantasies of abandonment or that his mother is dead, particularly if she is late for meeting him or goes out without telling him. The mother has therefore decided since she was last released from detention to stay at home with the child and not to go on the run again. She was unfortunately subsequently detained by the security police again.

Elder siblings have often to play the role of replacement parents at various times and take on adult responsibilities. In some cases this elder child becomes part of a mutual support structure with the parents. Among the cases used in this study it appears to have been a positive process for the younger children if contact with the parents is not blocked. The effects on the elder child could fruitfully be explored in a further study.

Where family relationships were good prior to the detention this was reported to provide protection for the children. They appeared to be able to make use of other relationships more easily as some experience of trusting existed.

Most parents claimed to be able to hide their anxiety, but this may be doubtful. There appeared to be a connection between parental and child anxiety in most cases. The case studies outlined at the beginning of the discussion section, namely Chantal and Nasieg, are good indicators of this. Parental anxiety put severe limitations on a number of mothers. In one case a mother felt unable to cope with all her children so sent one away to school in the Transkei¹¹, another took a holiday away from the family for a month and another felt unable to give of herself so when her child was upset she bought her toys. A further problem found particularly among the mothers of the children was depression. Parents appeared to cope better when they acknowledged their anxiety or depression and tried to deal with it rather than just trying to carry on regardless and denying it. This was shown particularly with parents who then used outside counselling services, e.g. Colin's parents, or psychotherapy.

One interesting consequence in one case was that the mother had been liberated by her husband's detention. Previously she had not done certain tasks as she did not know how, e.g. handling the household accounts. With her husband in detention she then had to do these. Finding out that she was in fact competent in these areas gave her substantially more confidence in herself. By the time of the second interview she had begun to work further on this new found freedom and had got a job.

II The Transkei is about 1000 km from Cape Town.

6.4. Politically centered coping factors

Most of the stressors occur within an overtly political context, and as a result a number of caregivers found it important to find political modes of coping. These can be broken into those that provide mainly informational assistance, and the space provided by politics for emotional release.

The informational side includes explanations to the child about what detention means in addition to an awareness of broader political issues. The latter includes knowledge of apartheid, racism, seeing government figures, police and army as the enemy; knowledge of the leaders of the progressive movement, symbols and freedom songs. Children picked up this political understanding from attending meetings, overhearing political discussions in the home, seeing symbols in the home and direct political education. These were reported to assist the child in making sense of the events and allowed for a level of cognitive control, thereby limiting the fantasies from taking over. A case in which this is illustrated is of Karen, aged five at the time of the detention, whose father had been detained. She was given no explanation by her parents, so had to create her own image of the experience. Her father was studying for an exam at the time of the detention. She interpreted the detention as a punishment for not studying hard enough, so insisted from then on doing homework every night to protect herself. She has also separated her father into two people in fantasy, the person in detention was her sibling's father, and her real father is at home. At the same time, she has extensive and generalised fears of the police.

A caution here is to give the child appropriate information both in terms of their developmental level and not to emphasise the torture or deaths in detention. In one case a child was told about the practice of torture in detention, had these methods described to him and was told about deaths in

detention. This information seemed to feed into his fantasies, creating enormous fears which could have been avoided.

Warnings and education about detention prior to the event reportedly did help on the few occasions where it happened. This information, however, was generally only given to the parents which was important in itself. In one case in which the child had some warning, i.e. the father said he may be detained and explained this briefly, she was better able to adapt when the detention happened. This type of preparation would serve as a form of stress inoculation (cf. Poster, 1983).

On the flip side of this, there were cases in which the family denied the possibility or appeared to not want to believe that detention would happen again, even when there were obvious threats. Such families seemed to fare worse as this type of denial did not prevent the rise of anxiety. The case of Chantal, outlined in the beginning of the discussion section, indicates this clearly.

An interesting coping strategy reported was to reconstruct the detention cognitively as a positive event, by calling it a growth experience or an experience which is important in the struggle for freedom. This was used in a family classified as white where the mother explained that this allowed the child to feel solidarity with all the oppressed people in the country.

The other element of politically centered strategies is that it allows for emotional expression or release. Two emotions appeared to be particularly important in this regard: anger and fear. Both apparently need to be given space and both are common occurrences in most of the children researched. Some children want to act on their anger. One child would hit the

TV screen whenever a State official, particularly P.W. Botha, (the South African State President at the time of the study) appeared. Others had fantasies of planting bombs and many wanted guns to shoot policemen. One little boy would run around with a stick, point it at people and say, "I'm going to shoot you". A number acted in a defiant manner when the police came to detain the parent with one child throwing his toy car at them. Fears and phobias of the police and army as well as generalised fears were also common.

Problems seemed to develop at times when parents would not allow, or tried to prevent one or the other of the emotions from being expressed. One family encouraged the expression of anger but would not allow the child to be fearful, even scolding him at times. The child developed excessive clinging behaviour, possibly as a result of this.

The child may also need to be able to express anger towards the parents at times. In one family in which this was accepted, the parents reported that it appeared to help.

In cases where children could get involved in follow-up activity it was reported to have helped them. One child took part in a demonstration outside the security police headquarters, demanding the release of his father. He still holds on to this as a positive experience. Another attended services at a church, where a campaign was being run calling for the release of detainees. Many children spoke and fantasised about political activities including escape plans for getting their parents out of jail.

6.5. Other forms of support and coping

A number of other support factors and coping strategies arose that were perceived to be important but did not fit into the categories outlined above.

Keeping a constant routine has been considered by past research to be important (cf. Rutter, 1985) and this was borne out in this study, in virtually all cases. It is illustrated well in the case study of Nasieg. Setting up a regular routine, together with returning home appeared to be central in this child's even beginning to establish some security. This allowed the child to drop some of his problematic behaviours. Important to note here and in similar cases, is that this could occur only once the family, particularly the parents, had first stopped and evaluated the situation and the stressors. So in many ways this strategy is part of a broader adaptation that a family has to make.

Moving house was used as a means of establishing more stability in a number of instances. This operated in two ways. Firstly, there were three families who went on the run soon after the detainee's release, or who moved out of their house during the detention. All decided to return home after a period as they felt that this constant moving was having a negative effect on their children. When they did, the added security of living at home was reported to have helped the child. A second set of families moved home in order to establish a more secure base and to move out of the areas of high conflict between police and the community. These changes were also reported to have brought generally positive results.

One strategy families saw as an important protection was to wait before opening the door for the police when they came to detain the parent. This gave them a chance to get organised and they were able to assert more control and provide more security for the child during the detention process. It also gave them an opportunity to explain what was happening to the child.

Visits to the detainee during the detention were reported to be useful only if they were on a contact basis. Generally

those visits made through glass¹² were found to be destructive for both the child and the detainee. The child often could not understand why they could not touch their parent and began to distract the other parents and disrupt the visit. The younger the child, the more difficult it generally was.

Families often comforted themselves with the knowledge that there is somebody worse off. Taylor (1983) raises this as a cognitive strategy for coping as it gives the family the security of knowing that there are people worse off than them but still coping.

One child coped by thinking of the detention as his father being away on a business trip. He had been on many so the child was used to his absences. The little boy was fortunate in that his father was released after 13 days, one day before the expected time, and was not held for an extended period.

Fantasy material was often used positively by the children. Its use in political terms to aid emotional expression has been raised already. In addition, Julia, mentioned above, was able to use a fantasy world of fairies and princes, apparently to control the frightening feelings which threatened her.

6.6 Variations in coping factors among sub-groups

The sample, as it existed at the end of the second study, was divided according to age, sex, racial classification and class. No statistical tests could be done as numbers were small, but on the basis of a qualitative analysis there were few major differences across any of the groups in terms of the coping strategies reported. Even qualitative analysis was, however, limited by the small sub sample sizes.

¹² In most cases when families visited the detainee in prison it occurred through a glass screen so family members could not touch the detainee.

Only two differences of any import were noted:

(a) Younger children were likely to be given a less full explanation of detention. However, age did not appear to affect the likelihood of parents talking about the detention, or explaining it to the children.

(b) In terms of racial classification, white children appeared to do slightly better according to parents' perceptions. This is likely to be due to their homes being further from the actual conflict areas. News restrictions also meant that they did not hear what was happening in the other areas where conflict was going on. This limited the spill over effects as found in Ireland where children in neighbouring areas were affected by the news of conflict in a next door suburb (Frazer, 1971).

7. CONCLUSION

Caregivers have reported a number of factors to be important in assisting them to cope with the particular stressors they face. Of these the most important factors appeared to be the household or family acting as a unit and an open, honest and directed approach to problem solving. Other important factors could include the provision of adequate support structures for the family, a stable routine and a political education for the child around detention so they can achieve a balanced understanding for themselves. The child may also need to be given the space to express both fear or anger towards the police or whoever the child sees as being responsible for the detention. At times the child may require special attention and to have his or her needs focussed on directly. Parents also need to keep a strong awareness of their own feelings, as a child is very perceptive of parents' emotions.

This collection of coping strategies has enabled many families to establish a sense of coherence as described by A. Antonovsky (1987) in the situation, which allows them to cope. When the detention is situated within the dynamics of the struggle for democracy, it becomes comprehensible. The person is also then able to feel meaningful in terms of his/her role in the political battle. The often arbitrary nature of the State of Emergency detentions does, however, undermine this.

If the family is able to come together and use the family centered coping strategies described above, it seems that the situation also can become at least partially manageable. In many cases, even if only a part of the situation is controllable, i.e. under an internal locus of control, the family or person seems more likely to be able to resist the effects of the stressors. The ability to establish this sense of coherence under situations of increasing difficulty is the central aim of many of the coping factors, and from the research it appears that a number of families have been successful.

In conclusion, it does appear from the above research that detention constitutes a particular and severe stressor for children. However, a more rigorous research process is required to establish exactly what that effect is.

It will be important to look also at the interactions between detention and other stressors - in this case particularly 'security of life' for the child. This is important in terms of debates around ongoing stress and its contribution to illness behaviour (Haggerty, 1986).

Finally, a range of coping strategies came to light which are just described here but require further investigation. The perceived helpfulness needs to be evaluated against actual helpfulness as these are not necessarily identical (Menaghan,

1983). However, detention as a whole is not something to just be coped with, it needs to be eradicated together with the rest of the S.A. Government's repressive system.

REFERENCES

- ALLODI, F. (1980). The psychiatric effects in children and families of victims of political persecution and torture. Danish Medical Group, 27, 229-232.
- ANTONOVSKY, A. (1987). Health promoting factors at work: The sense of coherence. In R. Kalimo, M.A. El-Batawi and C.L. Cooper (Eds), Psychosocial factors at work and their relation to health (pp. 153-167). Geneva: World Health Organization.
- ANTONOVSKY, H. & SAGY, S. (1986). The development of a sense of coherence and its impact on responses to stress situations. The Journal of Social Psychology, 126, 213-225.
- APARTHEID BAROMETER (1988, August 19). Weekly Mail, p. 5.
- BAIDER, L. & ROSENFELD, E. (1974). Effects of parental fears on children in wartime. Social Casework, 55, 497-503.
- BERG, A. (1988, September). Work with bereaved children. Paper presented at 5,15 Lecture at Groote Schuur Psychiatry Department, Cape Town.
- BILLINGS, A.G. & MOOS, R.H. (1981). The role of coping responses and social resources in attenuating the stress of life events. Journal of Behavioural Medicine, 4, 139-157.
- BILLINGS, A.G. & MOOS, R.H. (1984). Coping, stress, and social resources among adults with unipolar depression. Journal of Personality and Social Psychology, 46, 877-891.
- BIRNSTINGL, M., BLACK, D., BOOTH, C., CASSIDY, S., CLARKE, C., DAVIS, J., DOLL, R., HAVARD, J., HOFFENBERG, J., HORDER, J., HUMPHREY, J., JONES, F.A., KING, M., MORLEY, D., MORRIS, D., MUNRO, I., STORR, A., WALL, P. & WALTON, I. (1986, January 25). Medicine and South Africa (Letter to the editor). British Medical Journal.
- BLOEM, H. (1985, December 5). Medical treatment in South Africa (Letter to the Editor). The New England Journal of Medicine.
- BOZZOLO, L.R. & KORDON, D.O. (1985, October). The psychopathological effects of the political repression of children and adolescents, relatives of the disappeared ones in Argentina. Unpublished manuscript, Psychological Assistance group of mothers of Plaza de Mayo, Argentina.
- BRADSHAW, D., YACK, D., & FELLINGHAM, S.A. (1988). Community based essential health care services in Southern Africa: Findings of the MRC Seminar in Johannesburg (June 9-10, 1987). Parow: South African Medical Research Council.
- BUCH, E. (1987). Current facilities and services in health sector in South Africa. In C.P. Owen (Ed.). Towards a national health service: Proceedings of the 1987 NAMDA Annual Conference (pp. 51-53). Cape Town: NAMDA.
- COHEN, F. (1987). Measurement of coping. In S.V. Kasl and C.L. Cooper (Eds), Stress and health: Issues in research methodology (pp. 283-305). Chichester: John

- Wiley and Sons.
- COHEN, F. & LAZARUS, R.S. (1979). Coping with the stresses of illness. In G.C. Stone, F. Cohen, N.E. Adler and Associates. Health psychology - A handbook: Theories, Applications and challenges of a psychological approach to the health care system (pp. 217-254). San Francisco: Jossey Bass.
- COHEN, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. Health Psychology, 7, 269-297.
- COHN, J. (1982). Children and torture. Manedsskrift for praktisk laegegerning.
- COHN, J., HOLZER, K.I.M., KOCH, L. & SEVERIN, B. (1980). Children and torture: An investigation of Chilean immigrant children in Denmark. Danish Medical Bulletin, 27, 238-239.
- COMMUNITY HEALTH RESEARCH PROJECT (1983, October). Access to health services in the greater Cape Town area (SALDRU Working Paper No. 55). Cape Town: South Africa Labour and Development Research Unit.
- DARIO, M. (1985). Psychosocial effects of repression in Argentina. Paper presented at I Congreso Argentino de Psiquiatria, Mesa de Psiquiatria.
- DAWES, A. & DE VILLIERS, C. (1987). Preparing children and their parents for prison: The Wynberg Seven. In OASSSA Second National Conference Proceedings (pp. 77-94). Cape Town: Organisation for Appropriate Social Services in South Africa.
- DE BEER, C. (1984). The South African Disease: Apartheid Health and Health Services. Yeoville: Southern African research service.
- DETENTION TREATMENT TEAM & ORGANISATION FOR APPROPRIATE SOCIAL SERVICES IN SOUTH AFRICA. (1987). Repression and stress: A handbook. Cape Town: DTT and OASSSA (Western Cape).
- DI LONARDO, A.M., DARLU, P., BAUR, M., ORREGO, C., & KING, M.C. (1984). Human genetics and human-rights. The American Journal of Forensic Medicine and Pathology, 5, 339-347.
- EVANS, G. (1989, April 21). The hunger strike has ended. The Weekly Mail, 1-2.
- FOLKMAN, S. (1984). Personal control and stress and coping processes. A theoretical analysis. Journal of Personality and Social Psychology, 46, 839-852.
- FOSTER, D., DAVIS, D. & SANDLER, D. (1987). Detention and torture in South Africa. Cape Town: David Phillip.
- FRASER, R.M. (1971). The cost of commotion: An analysis of the psychiatric sequelae of the 1969 Belfast riots. British Journal of Psychiatry, 118, 257-264.
- FRASER, M. (1974). Children in conflict. Hammondsworth: Penguin.
- FRIEDMAN, G. (1987). Counselling ex-detainees: Themes, problems and strategies. In OASSSA Second National Conference Proceedings (pp. 63-76). Cape Town:

- Organisation for Appropriate Social Services in South Africa.
- GARMEZY, N. (1983). Stressors of childhood. In N. Garmezy and M. Rutter (Eds.). Stress, coping and development in children. (pp. 43-84). New York: McGraw-Hill.
- GARMEZY, N. & RUTTER, M. (1985). Acute reactions to stress. In Rutter and Hersov (Eds), Child and adolescent psychiatry (2nd ed.) (pp. 152-176). Oxford: Blackwell Scientific Publications.
- GIBSON, K. (1986). The effects of civil unrest on children: A guide to research. Unpublished Masters thesis, University of Cape Town.
- HAGGERTY, R.J. (1986) Stress and illness in children. Bulletin of the New York Academy of Medicine, 67(7), 707-718.
- HAYES, G. (1987). Challenges to psychotherapy in the context of social service work. In OASSSA Second National Conference Proceedings (pp. 56-62). Cape Town: Organisation for Appropriate Social Services in South Africa.
- HOLMES, T.H. & RAHE, R.H. (1967). The Social Readjustment Rating Scale. Journal of Psychosomatic Research, 11, 213-218.
- HUMAN RIGHTS COMMISSION (1988). Detentions. Work in Progress, 56/57, 32-35.
- KENKEL, M.B. (1986). Stress-coping-support in rural communities: A model for primary prevention. American Journal of Community Psychology, 14, 457-478.
- KINZIE, J.D., SACK, W.H., ANGELL, R.H., MANSON, S. & RUTH, B. The psychiatric effects of massive trauma on Cambodian children: I. The Children. Journal of the American Academy of Child Psychiatry, 25, 370-376.
- KRAUSE, N. & STRYKER, S. (1984). Stress and well-being: The buffering role of locus of control beliefs. Social Science and Medicine, 18, 783-790.
- LAB, S.G. (1988). The psychological effects of unrest conditions on children with specific reference to South African townships. Unpublished Honours thesis: University of the Witwatersrand.
- LAZARUS, R.S. (1987). Individual susceptibility and resistance to psychological stress. In R. Kalimo, M.A. El-Batawi and C.L. Cooper (Eds), Psychosocial factors at work and their relation to health (pp. 127-133). Geneva: World Health Organisation.
- LEVY, M. (1986, November 7). Fantasy lives of the children of detainees. Weekly Mail, p. 12.
- LYONS, H.A. (1971). Psychiatric sequelae of the Belfast riots. British Journal of Psychiatry, 118, 365-373.
- LYONS, H.A. (1979). Civil violence - the psychological aspects. Journal of Psychosomatic Research, 23, 373-393.
- MENAGHAN, E.G. (1983). Individual coping efforts: Moderators of the relationship between life stress and mental health outcomes. In H.B. Kaplan (Ed.) Psychosocial Stress: Trends In Theory And Research, (pp. 157-191). New York: Academic Press .

- MERRIFIELD, A. (1987). Discussion paper: Recent changes in state strategy - JMC's, national security and low intensity warfare. Unpublished Manuscript.
- MJI, D. (1986, December). The struggle for health: The struggle for democracy. Paper presented at the Institute for Social Studies, Amsterdam.
- PAYNE, R.L. & JONES, J.G. (1987). Measurement and methodological issues in social support. In S.V. Kasl and C.L. Cooper (Eds), Stress and health: Issues in research methodology, (pp. 167-205). Chichester: John Wiley and Sons.
- PETERSEN, H. & HANSSON, D. (1987). The Manenberg research project: Processes and problems in progressive research. In OSASSA Second National Conference Proceedings (pp. 103-119). Cape Town: Organisation for Appropriate Social Services in South Africa.
- POSTER, E.C. (1983). Stress immunization: Techniques to help children cope with hospitalization. Maternal-Child Nursing Journal, 12, 119-134.
- PROCIDANO, ME. & HELLER, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. American Journal of Community Psychology, 11, 1-24.
- PROTACIO-MARCELINO, E. (1985). Psychological help to children of political prisoners in the Philippines. Paper presented at the World Psychiatric Association Regional Symposium, Athens, October.
- PUNAMÄKI, R. (1987). Childhood under conflict. (Research Rep. No. 32). Tampereen Pikakopio: Tampere Peace Research Institute.
- RAMON, S. (1986). Psychiatry without hospitals. Science for People, 62, 2-4.
- ROWLINSON, R.T. & FELNER, R.D. (1988). Major life events, hassles, and adaption in adolescence: Confounding in the conceptualisation and measurement of life stress revisited. Journal of Personality and Social Psychology, 55, 432-444.
- RUTTER, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry, 147, 598-611.
- SACK, W.H., ANGELL, R.H., KINZIE, J.D., & RACH, B. (1986). The psychiatric effects of massive trauma on Cambodian children: II The family, the home and the school. Journal of the American Academy of Child Psychiatry, 25, 377-383.
- SHISANA, O. & CELENTANO, D.D. (1987). Relationship of chronic stress, social support, and coping style to health among Namibian refugees. Social Science and Medicine, 24, 145-157.
- SKINNER, D. & SWARTZ, L. (1989). The consequences for the preschool child of a parent's detention: A preliminary South African clinical study of caregivers reports. The Journal of Child Psychology and Psychiatry and Allied Disciplines, 30(2), 243-259.

- SOMNIER, E.E. & GENEFEKE, I.K. (1986). Psychotherapy for victims of torture. British Journal of Psychiatry, 149, 323-329.
- STRAKER, G. & THE SANCTUARIES TREATMENT TEAM (1987). The continuous traumatic stress syndrome - The single therapeutic interview. Psychology in Society, 8, 48-78.
- SWARTZ, S. (1985). Looking after pre-school children in the classroom at times of crisis. Unpublished manuscript, University of Cape Town.
- SWARTZ, S. (1986a). Unrest-related psychological services: Current practices and problems. Paper delivered at the medical students council Conference on Medicine in a period of civil unrest. University of Cape Town, July.
- SWARTZ, S. (1986b). Common behaviour problems in the classroom: Towards some solutions. Unpublished manuscript. University of Cape Town.
- TAYLOR, S.E. (1983). Adjustment to threatening events: A theory of cognitive adaption. American Psychologist, 38, 1161-1173.
- TURTON, R.W. (1986). Stressful life events and illness among urban blacks. Unpublished Master's thesis, University of the Witwatersrand.
- WEILE, B., WINGENDER, L.B., AND AMNESTY INTERNATIONAL DANISH MEDICAL GROUP. (1985). Children of tortured immigrant Chileans in Denmark. Unpublished manuscript. Department of Social Pediatrics, Rigshospitalet, Denmark.
- ZIV, A., KRUGLANSKI, A.W., & SHULMAN, S. (1974). Children's psychological reactions to wartime stress. Journal of Personality and Social Psychology, 30, 24-30.